

CITY OF NEW ORLEANS
VOLUNTEER APPLICATION FORM

Volunteers in Government (VIGOR)
Office of Public Advocacy
1300 Perdido Street, Room 1W09
New Orleans, LA 70112

Clarice T. Kirkland, Director
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Last Name	First Name	Middle Name
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☐ Mr. ☐ Ms. ☐ Mrs. ☐ Rev. ☐ Dr.

HOME ADDRESS

Street Address	Apartment
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City	State	Zip Code
Home Phone Number ()	Other Contact ()	Email
I prefer to receive calls at <input type="checkbox"/> Home <input type="checkbox"/> Business		Education (check all that apply) <input type="checkbox"/> High School graduate <input type="checkbox"/> Undergraduate degree <input type="checkbox"/> Graduate degree Major: _____
PERSONAL INFORMATION		
Social Security Number	Date of Birth	
Emergency contact and Address	Relationship	

EMPLOYMENT INFORMATION

I am: <input type="checkbox"/> Employed <input type="checkbox"/> Un-employed <input type="checkbox"/> Retired <input type="checkbox"/> Student	Employer's Name (college, high school, organization)
	Occupation (college major, group name)

I am interested in becoming a(n)...

<input type="checkbox"/> Volunteer _____ <input type="checkbox"/> Intern _____ <input type="checkbox"/> Special Event Host _____	What special qualifications do you have for this position?
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AVAILABILITY

Please check the times you are usually available for a volunteer assignment:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings

SKILLS AND INTERESTS

Please check any of the following which interest you or in which you have experience or skills.

<p><u>Communications & Information Services</u></p> <p><input type="checkbox"/> Brochure/newsletter production</p> <p><input type="checkbox"/> Coordinator/organizer</p> <p><input type="checkbox"/> Computer programming</p> <p><input type="checkbox"/> Conference/ workshop planning</p> <p><input type="checkbox"/> Desktop publishing</p> <p><input type="checkbox"/> Tour guide</p> <p><input type="checkbox"/> Library services/research & reference</p> <p><input type="checkbox"/> Photography</p> <p><input type="checkbox"/> Public relations</p> <p><input type="checkbox"/> Public speaking</p> <p><input type="checkbox"/> TV/video programming</p> <p><u>Environment & Animals</u></p> <p><input type="checkbox"/> Park planning & maintenance</p> <p><input type="checkbox"/> Recycling</p> <p><input type="checkbox"/> Brown fields/use of former industrial sites</p> <p><input type="checkbox"/> Clean-ups, neighborhood</p> <p><u>Skilled Trades</u></p> <p><input type="checkbox"/> Carpentry</p> <p><input type="checkbox"/> Maintenance/custodial</p> <p><input type="checkbox"/> Yard Work, gardening</p>	<p><u>Health & Medical Services</u></p> <p><input type="checkbox"/> Clinic outpatient services</p> <p><input type="checkbox"/> Diet/nutrition services</p> <p><input type="checkbox"/> Family planning services</p> <p><input type="checkbox"/> Health education</p> <p><input type="checkbox"/> Public health care services</p> <p><u>International & Immigration Services</u></p> <p><input type="checkbox"/> Translation (language: _____)</p> <p><input type="checkbox"/> International Trade</p> <p><u>Office & Clerical Work</u></p> <p><input type="checkbox"/> Bulk mailing/stuffing</p> <p><input type="checkbox"/> Data entry</p> <p><input type="checkbox"/> Filing</p> <p><input type="checkbox"/> Receptionist</p> <p><input type="checkbox"/> Staff assistant</p> <p><input type="checkbox"/> Phone work/phone banking</p> <p><input type="checkbox"/> Typing</p> <p><u>Other</u></p>
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ASSIGNMENT

Department: _____ Supervisor: _____

Schedule: _____ Phone: _____

Start Date: _____ Exit Date: _____

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that I will not be paid for my services as a volunteer or intern.

Applicant's Signature: _____ Date: _____

* LIABILITY AGREEMENT FOR VOLUNTEERS ATTACHED



CITY OF NEW ORLEANS

Tradition in Progress

HOLD HARMLESS AND LIABILITY AGREEMENT FOR VIGOR VOLUNTEERS

I, _____ (print name), am volunteering with the City of New Orleans ("City") for the following event and/or office: _____ at _____ (location) on or from _____ (date(s)). As a volunteer, I understand that I will not be paid for my services nor will I be considered an employee or agent of the City of New Orleans ("City"). I understand that I am covered by the City's Accident and Death Insurance for Volunteers in Government ("VIGOR") Volunteers for these volunteer services. I will not be eligible for the City's worker's compensation insurance program nor its unemployment or health insurance benefits programs. I will act only in the capacity to which I have been trained and/or in the duty assignment I have been provided by the VIGOR coordinator. If I have specialized training not related to my volunteer activities, and choose to use this unrelated training while on duty as a volunteer, I recognize that the City is not responsible for my actions. Notwithstanding the foregoing, I will perform all my duties with prudence and diligence and in a responsible manner. I further understand that the City will not hold me responsible for any damage I may cause to City property or to the third parties or their property as a result of my assistance. I agree that I shall be liable for any intentional wrongful acts or gross negligence I commit while serving as a volunteer. The City will not be held responsible for any criminal acts I may commit while volunteering. I also understand that any sponsoring organizations associated with the volunteer activity are not affiliated with the City of New Orleans and are not City departments, agencies, boards, commissions, or City non-profit 501(c)(3) organizations.

Signature of Volunteer

Date

Printed Name of Volunteer

Volunteer's Street Address

City

State

Zip Code

TO BE COMPLETED BY CITY EMPLOYEE:

Received by: (print name) _____

Date: _____